



**MAINE EMS
AMBULANCE VEHICLE OPERATORS COURSE
Application Form**

AVOC

☐ Basic ☐ Advanced ☐ Instructor

(Please print clearly)

Student Name		Address
City	State	Zip
Phone Number		Email Address
Service Affiliation	Maine EMS License	
Location of Course	Date (s) of Course	
Maine Drivers License #	Class	Expiration Date
Instructor Name		

**Maine Emergency Medical Service
45 Commerce Drive, SHS #152
Augusta, ME 04333
626-3860 : 287-6251
www.maine.gov/dps/ems**